

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10586211

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6		1				
7						
8		1				
9						
10						
11						
12		1				
13						
14		1				
15						
16						
17		1				
18						
19						
20						
21						
22						
23						
24		1				
25						
26						
27						
28		1				
29						
30						
31						
32						
33						
34		1				
35						
36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						